

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobbyist(s) Hen | ry G. Veilleux | | |
|---|---|---|---|
| II. Name of lobbyist's partners | ship, firm or corporation, if an | y: | |
| Sheehan Phinney Capitol | Group | | |
| | ership, firm or corporation) | | |
| Two Eagle Square | Concord | NH | 03301 |
| Business Address: (Street) | (Town/City) | (State) | (Zip Code) |
| (603) 228-2370 | (603) 224-8899 | email hveilleux@she | ehan.com |
| (Telephone) | (Fax) | | |
| III. This statement covers: (Chreportable expense transaction All reportable transactions | | o any one client). | |
| Granite State Home Health (F | n Association ull Name of Client as it appears | on the Lobbyist Registration Fo | orm) |
| All reportable transactions unrelated to any particular clien | by the lobbyist (including the lo t. | bbyist's family), or the lobbying | z firm listed below which are |
| Reports cover: activity from do Octobe | 6, 2017 🖂 ate of registration to 3/31/17 er 25, 2017 🔲 a 7/1/17 to 9/30/17 | July 26, 2017 activity from 4/1/17 to 6/30/1 January 31, 2018 activity from 10/1/17 to 12/3 | |
| V. There have been no fees reco If this box is checked, complete Concord, NH 03301. | | | |
| If you have paid an ho Expense Reimbursement | ees or made expenditures, you n norarium or reimbursed expense | es, you must file Addendum B | nd Expenses - Report of Honorariums or endum C- Political Contributions |
| Sworn Statement/Affirmation I have read RSA 15, RSA 15-B the best of my knowledge and b Plenny (Signature of lobbyist) | and RSA 664 and hereby swear elief. | or affirm that the foregoing info April 26, 2017 (Date | ormation is true and complete to |
| Henry G. Veilleux (Print Name of lobbyist) | | (| • |

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APR 2 6 2017

NEW HAMPSHIRE DEPARTMENT OF STATE



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. N | ame of Lobbyist(s) Henry G. Veilleux | |
|---|---|--|
| II. | Name of lobbyist's partnership, firm or corporation, if any: | |
| She | eehan Phinney Capitol Group | |
| | (Name of partnership, firm or corporation) | |
| III. | Name of Client Granite State Home Health Association | Date <u>April 26, 2017</u> |
| | | |
| Ind incl | Fees Received icate the gross amount of all fees received from the client identified above th uding fees for services such as public advocacy, government relations, on intoring legislation, and related legal work. The gross fee amount reported sha | or public relations services including research |
| a) | Total of all fees received in this reporting period | a) \$ <u>4,500.00</u> |
| b) | Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year | b) \$ <u>0.00</u> |
| c) | Total of all fees received to date (Add lines a and b) | c) \$ 4,500.00 |
| d) | Indicate the amount of any such fees that are due, but have not yet been paid | 1 d) \$ |
| Lot repount cate and mea give less any to t | Expenses: obyist(s)/Lobbying partnerships, firms, or corporations are required to report orts are to be filed for expenditures made relative to each client and if expenselated to any one client a separate report may be filed for the lobbyist(s)/fixegories of expenses: (a) the aggregate total of all expenses paid during the report office expenses; (b) the aggregate total of all individual expenses where the als purchased during a business lunch where the cost was \$25.00 or less, purelent to the person being lobbied, purchase of a ceremonial object given to a (a); and (c) an itemized statement of each individual expenditure made during a purpose not covered by (a) (for example: purchase of a meal with value of going given to the subject of lobbying with a value greater than \$25, but not great experion). Expenses for honorariums, expense reimbursement, or political contractions are ported on Addendum A. | ditures are made by the lobbyist(s)/firm that are m. Expenses are to be reported in one of three forting period for salaries, benefits, support staff expenditure was of \$25.00 or less (for example hase of a pen with a value of less than \$10 that is person being lobbied with a value of \$25.00 or greater than \$25.00 for greater than \$25.00 for greater than \$25, purchase of a ceremonial object ter than \$50, restaurant expenses for a legislative |
| a) | Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) \$ <u>6,100.40</u> |
| b) | Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ |
| c) | Total of all itemized expenditures reported in detail in section VI. | c) \$ |

| d) | Total expenses for this reporting period (Add lines a, b and c) | d) \$ 6,100.40 |
|---------------------------------------|---|--|
| e) | Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ <u>00.00</u> |
| f) | Total of all expenses year to date | F) \$ <u>6,100.40</u> |
| Pro | Other Expenses: ovide the following detail for all expenditures of more than \$25 made from lob luding by whom paid or to whom charged. | bying fees during this reporting period, |
| Pai | d: | Amount: |
| | | \$ |
| | | \$ |
| _ | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | - | |
| | | |
| Sw | orn Statement/Affirmation by Lobbyist | |
| | ave read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the rue and complete to the best of my knowledge and belief. | e foregoing information |
| , , , , , , , , , , , , , , , , , , , | Signature of bybyist) April 26, 2017 (Date) | |
| | enry G. Veilleux int Name of lobbyist) | |